

EXHIBI 6-Q

HUD Handbook 1378
Appendix 21

RESIDENTIAL RELOCATION MANAGEMENT REPORT

PROJECT NAME AND NUMBER: _____ **STATUS AS OF:** _____

Page ____ of ____

Case Number	Address	Name of Occupant(s)	Tenant (T) / Owner (O)	Date of Eligibility	Notice Issued		Number of People (E)lderly / (D)isabled	Racial/Ethnic Classification **	Representative Comparable Offered *** <input checked="" type="checkbox"/>	Number of Referrals Made	90-Day Notice Issued <input checked="" type="checkbox"/>	Notice to Vacate Issued <input checked="" type="checkbox"/>	Date Moved	Moving Expenses		Replacement Housing Payment	Case Closed <input checked="" type="checkbox"/>	Remarks
					Type *	Date								(A)ctual / (E)xposed	Amount			
															\$ -	\$ -		

* E = Notice of Eligibility for Relocation Assistance
N = Notice of Nondisplacement

** W = White, not Hispanic
B = Black, not Hispanic
A/I = American Indian
H = Hispanic
A/P = Asian or Pacific Islander

*** Representative comparable to be used as bases for determining maximum Replacement Housing Payment